

MTF Formulary Management for Miscellaneous Antihypertensive Drugs

Department of Defense Pharmacoeconomic Center

Uniform Formulary Decision: The Director of TMA has approved the recommendations from the 14 February 2006 DoD P&T Committee meeting regarding formulary status of overactive bladder drugs on the Uniform Formulary (UF) and Basic Core Formulary (BCF). Conversion from non-formulary agents to a BCF or UF drug or establishment of medical necessity may commence 26 April 2006 and must be completed by 26 July 2006.

Uniform Formulary (UF) Agents		Non-Formulary (NF) Agents
Drugs on BCF MTFs <u>must</u> have on formulary	Drugs not on BCF MTFs <u>may</u> have on formulary	Drugs MTFs <u>must not</u> have on formulary
Amlodipine/Benazepril (Lotrel) Hydralazine (generic) Clonidine tablets (generic)	Clonidine Patch (Catapres) Minoxidil (generic) Guanfacine (generic) Methyldopa (generic) Guanabenz (generic) Prazosin (generic) Reserpine (generic) Mecamylamine (generic) -Combinations of the above products, hydralazine and clonidine with thiazide diuretics	Enalapril/Felodipine (Lexxel) Trandolapril/Verapamil (Tarka)

- JNC VII guidelines acknowledge that combination therapy for hypertension may be appropriate as first-line. JNC VII goes on to recommend use of a combination which should usually include a thiazide diuretic as first-line therapy for patient with stage 2 hypertension (SBP 160-179 / DBP 100-109) and for patients with compelling indications.
- In JNC VII, the only compelling indications for a CCB include: ischemic heart disease (although beta blockers are usually recommended first-line here) or diabetes (ACE inhibitors, ARBs, beta blockers, and thiazides are usually recommended first line here).
- Selection of agents to the UF are based on both clinical effectiveness and cost effectiveness. For patients requiring therapy with both a dihydropyridine and an ACE inhibitor, Lotrel represents a cost effective combination option, particularly at the MTFs.
- Use of the older agents is not recommended as first-line treatment for hypertension, however, these do provide an alternative in certain subgroups of patients.
- Non-formulary drugs are the least cost-effective agents. MTFs should only dispense Lexxel and Tarka for patients who cannot be treated with BCF/UF drugs. MTFs must use the medical necessity criteria established by the DoD P&T Committee. The criteria are available on the TRICARE Pharmacy website: <http://www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm>. A Microsoft Word version of the TMOP/TRRx Medical Necessity form adaptable for MTF use is available on RxNET.

Miscellaneous Antihypertensive Drugs Price Comparison		
Drug & Dosage Form	Weighted average daily cost per day of treatment (January 2006) ^{ab}	
Basic Core Formulary drugs	MTF Costs	System Cost ^c
Amlodipine/Benazepril (Lotrel)	\$0.51	\$1.54
Other Uniform Formulary drugs available for inclusion on MTF formularies		
Clonidine Patch (Catapres)	\$1.67	\$2.51
Non-formulary drugs		
Enalapril/Felodipine (Lexxel)	\$0.80	\$1.39
Trandolapril/Verapamil (Tarka)	\$0.81	\$1.74

^a Post-decision prices; actual price may vary slightly due to MTF-specific Prime Vendor discounts and/or fees

^b MTFs are prohibited from entering into any incentive pricing agreements in any form with drug pharmaceutical manufacturers to receive additional discounts.

^c System costs are the average weighted daily cost across all 3 points of service.

References

- For the full clinical review of the and for discussion about UF decisions, log onto RxNET (the PEC's webforum) www.dodrxnet.org (under "File Library" forum, "DoD P&T Library" folder).
- Current/future drug classes under review by the DoD P&T Committee: www.pec.ha.osd.mil/PT_Committee.htm
- TRICARE website for information on the Uniform Formulary: www.tricare.osd.mil/pharmacy
- TRICARE Formulary Search Tool: www.tricareformularysearch.org

POC: For more information email: PECUF@amedd.army.mil.